PTO/SB/17 (07-07)

Date 8/30/07

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		Complete if Known								
FEE TRANSMITTAL				Application	Application Number 40/270;			60 10/720,660 PC		
FEE	Filing Date	Filing Date 11/24			003					
For FY 2007				First Name	First Named Inventor Steve			n D. Jones		
Applicant cla	Examiner I	Examiner Name Kha								
	Art Unit	2611								
TOTAL AMOUNT OF PAYMENT (\$) 0				Attomey D	Attomey Docket No. 1904			0005		
METHOD OF F	AYMENT (chec	k all that	apply)							
Check	Credit Card	Mone	v Order No	one Oth	er (please id	entify):				
Deposit Account Deposit Account Number: 01-2218 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and au	thorization on PTO	-2038.			3					
FEE CALCULA	ATION									
1. BASIC FILIN	IG, SEARCH, A	ND EXAM	INATION FEES		=>/4					
		ING FEES		RCH FEES Small Ent	ity	MINATION Small				
Application 1				(\$) Fee (\$)	Fee	(\$) Fee		Fees Paid (	<u>1)</u>	
Utility	300				20		-		_,	
Design	200				13	-	-		_	
Plant	200			100	16		0		_	
Reissue	300		500	250	60				-	
Provisional	200	100	) (	0		0	0		-	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)						E	<u>ee (\$)</u> 50	Small Entity Fee (\$) 25		
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee							360	180		
Total Claims	ee Paid (\$)			ultiple Der ee (\$)	pendent Claims Fee Paid (\$)					
	0 or HP =	paid for, if gn	eater than 20.				00 (3)	1 00 T ald 197		
Indep. Claims		Claims	Fee (\$) F	ee Paid (\$)		_			-	
HP = highest nur	or HP = ber of independent	daims paid f	or, if greater than 3.							
3 ADDLICATE	N SIZE FEE									
If the specific	ation and drawi	ngs excee	d 100 sheets of p application size	aper (exclud	ing electro	nically file	ed sequen	ce or computer	50	
						n sman ci	ility) for t	cacii additional	50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets										
4 OTHER EEE	100 =		50 =	(round up	to a whole h	umber) x				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g.,	late filing surch	narge):								
SUBMITTED BY										
Signature Francis A. Cooch Registration No. 31,495 Telephone 240-228-5640										
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Name (Print/Type) Francis A. Cooch